

CLAIMANT'S NAME Claudia Cappio			SSN or EMPLOYEE NUMBER*		DEPARTMENT CalHFA	
POSITION Executive Director		CB/ID No. EX	DIVISION or BUREAU Executive Office			INDEX NUMBER 1000
RESIDENCE ADDRESS * [REDACTED]			HEADQUARTERS ADDRESS 500 Capitol Mall, Suite 1400			TELEPHONE NUMBER (916) 326-8088
CITY [REDACTED]	STATE [REDACTED]	ZIP CODE [REDACTED]	CITY Sacramento		STATE CA	ZIP CODE 95814

(1) NORMAL WORK HOURS
8:00 to 17:00

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED	0.555
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(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
Nov 11				(8) BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
(5) DATE	TIME										MILES	AMOUNT		
9/7	1330	Washington DC					32.00	T			0.00		32.00	
10/30	1330	Oakland to Baltimore/WA DC			18.00		653.80	AB			0.00	13.73	685.53	
11/1		Washington DC		6.00	10.00	18.00	10.40	T			0.00		44.40	
11/1		Washington DC to Baltimore					34.00	R			0.00		34.00	
11/2	1230	Baltimore to Oakland		6.00							0.00		6.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			0.00	12.00	10.00	36.00	0.00	730.20		0.00	0.00	0.00	13.73	801.93
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$801.93

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Sept 7: Washington DC taxi receipt for fare to Fannie Mae meeting

Oct 30: Round trip airfare Oakland/Baltimore (\$608.80) to attend HFA/Nonprofit Developer Strategic Dialogue/Stewards of Affordable Housing for the Future in Washington DC (not able to book trip on SWABIZ); Super Shuttle van from Baltimore airport to DC (\$45.00)

* internet charges @ hotel.

**AGENCY ACCOUNTING OFFICE
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE 11/24/11

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE 11/4/11

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE _____